

**POWER OF ATTORNEY  
AND  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Address to:

**[IF APPLICABLE: MAIL STOP OIPE]**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Application Number **10/724,209**Filing Date **December 1, 2003**First Named Inventor **Jon ADLER**

Title	<b>RECEPTOR BINDING ASSAYS THAT IDENTIFY POTENTIAL BITTER TASTE MODULATORY COMPOUNDS</b>
-------	--

Art Unit **1649**Examiner Name **John D. ULM**Attorney Docket No. **67824.407522**

**I hereby revoke all previous powers of attorney given in the above-identified application.**

**I hereby appoint:**

Practitioners associated with the **CUSTOMER NUMBER:****OR**

**21967**



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

**Please recognize or change the correspondence address for the above-identified application to:**

The address associated with the above-mentioned Customer Number **21967****OR**

The address associated with Customer Number:

**OR**

Firm or Individual Name

Address

City

Country

State

Zip

Telephone

Facsimile

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Signature



Date

November 16, 2007

Typed or Printed Name

Mark Zolney, Ph.D.

Telephone

(858) 646-8300

Title and Company

Exec. VP of Discovery & Development and CSO  
Senomyx, Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.